

COMMUNITY RIGHT TO KNOW SURVEY FOR 2007

For State and Federal Community Right to Know Reporting

THIS PAGE MUST BE COMPLETED, SIGNED, AND RETURNED.

Please type or print legibly.

0 0 0 0 0 0 0 7 3 2 3

ATTN: CINDERELLA
ABC MANUFACTURING
22 S CLINTON AVENUE
TRENTON, NJ 08648

A Facility Location - Street, City, State, Zip and County
MUST BE PROVIDED

1 1 1 1 1 1 1 1 1 1 1 1 1
401 E STATE ST
TRENTON, NJ 08648
County: MERCER

Please indicate the reason for changing this information
[] this facility moved [] additional facility
[] correction to existing location

See instructions if information on these forms is incorrect.

B Does this facility Produce, Store or Use Environmental Hazardous Substances on Table A in a pure or mixture state: Darken either yes or no box 1. in any quantity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2. above thresholds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	D Number of employees at facility	35
	E Number of facilities in New Jersey	1
C Briefly describe the current operations or business conducted at this facility: Manufacture Machine Parts	F Federal EIN (Please verify)	11-1111111
	G If you are claiming an R&D lab exemption for this facility, enter your approval number.	
H Reserved		

I FACILITY EMERGENCY CONTACT	
Name James Barnes	Title Environmental Affairs
Facility Phone # (201) 555-7000	Emergency Contact Phone # (201) 555-7001

J CERTIFICATION OF OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE -- I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.	
Signature Cinderella	Fax # (201) 555-7002
Date 2/16/2008	Phone # (201) 555-7000
Name Cinderella	Title President

K UNION REPRESENTATIVE	
Union Name/Local # Workers/1041	E-mail Smith@workers.com
Name John Smith	Phone # (555) 555-1234

RETURN SIGNED ORIGINAL TO:

NJDEP
Office of Pollution Prevention &
Right To Know
PO Box 405
Trenton, NJ 08625-0405

You are required to send copies of this survey to the agencies listed in the instruction guide. You must also keep a copy at your facility.



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ABC MANUFACTURING
401 E STATE ST
TRENTON, NJ 08648

PART 2

2007 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 2007

Please type or print legibly.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

Answer all applicable questions.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Cadmium Sulfide</u> Substance Number: <u>2199</u> CAS Number: <u>N078</u> DOT Number: <u>2570</u> Check one <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mixture Check one <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas Trade Secret: <input type="radio"/> (Check if claiming)	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container type <u>DP</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Rear of Building</u>		
Name: <u>Chlorine</u> Substance Number: <u>0367</u> CAS Number: <u>7782-50-5</u> DOT Number: <u>1017</u> Check one <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mixture Check one <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas Trade Secret: <input type="radio"/> (Check if claiming)	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden release of pressure <input checked="" type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container type <u>CY</u> Max. daily inventory <u>12</u> Avg. daily inventory <u>11</u> Days on site <u>365</u> Storage pressure <u>02</u> Storage temperature <u>04</u>
Location(s) <u>Right front of wall</u>		
Name: <u>Sodium Hydroxide</u> Substance Number: <u></u> CAS Number: <u>1310-73-2</u> DOT Number: <u>1823</u> Check one <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mixture Check one <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas Trade Secret: <input type="radio"/> (Check if claiming)	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input checked="" type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container type <u>BC</u> Max. daily inventory <u>17</u> Avg. daily inventory <u>16</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Left front of wall</u>		
Name: <u>Lead</u> Substance Number: <u>1096</u> CAS Number: <u>7439-92-1</u> DOT Number: <u></u> Check one <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mixture Check one <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas Trade Secret: <input type="radio"/> (Check if claiming)	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container type <u>BT</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Forklift Batteries</u>		
Name: <u>Substance Samples</u> Substance Number: <u>3628</u> CAS Number: <u></u> DOT Number: <u></u> Check one <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mixture Check one <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas Trade Secret: <input type="radio"/> (Check if claiming)	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input type="checkbox"/> Acute health effects <input type="checkbox"/> Chronic health effects <input checked="" type="checkbox"/> None per MSDS	Container type <u>BC</u> Max. daily inventory <u>09</u> Avg. daily inventory <u>09</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Q.A. Lab- 2nd Floor</u>		

CONTAINER CODES AND DESCRIPTIONS		INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
BA Bag	DP Plastic drum	20 10 million pounds or greater	Pressure 01 Ambient* pressure 02 Greater than ambient pressure 03 Less than ambient pressure Temperature 04 Ambient temperature 05 Greater than ambient temperature 06 Less than ambient temperature but not cryogenic (freezing conditions) 07 Cryogenic conditions (less than -200 C) *Ambient means "normal," "surrounding," or "room" conditions.
BG Bottles or jugs (glass)	DS Steel drum	19 1,000,000 to 9,999,999 pounds	
BN Tote bin	EE Electrical equipment	18 500,000 to 999,999 pounds	
BP Bottles or jugs (plastic)	HV HVAC equipment	17 100,000 to 499,999 pounds	
BT Battery	OT Other (describe)	16 25,000 to 99,999 pounds	
BX Box	RC Railcar	15 10,000 to 24,999 pounds	
CB Carboy	SI Silo	14 1,000 to 9,999 pounds	
CN Can	TA Above ground tank	13 500 to 999 pounds	DEQ-094
CY Cylinder	TB Below ground tank	12 100 to 499 pounds	
DF Fiber drum	TI Tank inside building	11 10 to 99 pounds	
	TW Tank Wagon	10 1 to 9 pounds	
		09 Less than 1 pound	

¹ NOTE: Please see instructions for gallon and cubic foot conversion factors.